

Director's Signature: CBSTime Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: January 15, 2011

Employee Name:		Sunday 01/09/11		Monday 01/10/11		Tuesday 01/11/11		Wednesday 01/12/11		Thursday 01/13/11		Friday 01/14/11		Saturday 01/15/11	
Bett, Kate 61000 <i>Kate Bett</i> Employee Signature	Day: In - Out			7:40	3:10	7:30	3:30			7:25	2:55	7:50	2:50		
	Lunch: Out - In			12:00	12:30	12:00	12:30			12:00	12:30	12:00	12:30		
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.				0.5 hr. vaca ✓				SNO ✓		0.5 hr. vaca ✓		1 hr. vaca ✓			
Gajardins, Stacey 0-9745 <i>Stacey Gajardins</i> Employee Signature	Day: In - Out			8:25	4:25	7:10	5:10			7:15	4:45	7:50			
	Lunch: Out - In			12:00	12:30	12:00	12:30			12:00	12:30				
	Outside Duty: From - To											9:45			
Document exceptions or comments, indicate type and amount.						2.0 hr OT ✓		SNO ✓		1.5 hr OT ✓		Middlesex Sup.			
Khan, Annie 61000 <i>Annie Khan</i> Employee Signature	Day: In - Out			5:45	4:00	6:45	4:15	6:45		6:45	4:15	6:45	4:00		
	Lunch: Out - In			12:00	12:30	12:00	12:30			12:00	12:30				
	Outside Duty: From - To											9:45	2:00		
Document exceptions or comments, indicate type and amount.				1.25 hr OT ✓		1.5 hr OT ✓		SNO ✓		1.5 OT ✓		1.25 OT Middlesex Sup. ✓			
Isca, Daniela 61000 <i>Daniela Isca</i> Employee Signature	Day: In - Out			6:45	5:45	6:45	4:45	6:45		6:45	2:45				
	Lunch: Out - In			1:00	1:30	1:00	1:30			1:15	1:45				
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.				3.0 hr OT ✓		2.0 hr OT ✓		SNO ✓				Middlesex Sup.			

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Employee Name:		Sunday 01/09/11	Monday 01/10/11	Tuesday 01/11/11	Wednesday 01/12/11	Thursday 01/13/11	Friday 01/14/11	Saturday 01/15/11
zer, Lisa 61000 <i>[Signature]</i> Employee Signature	Day: In - Out		6:45 3:30	6:45 2:45	/	6:50 2:50	6:45 2:45	
	Lunch: Out - In		12:00 12:30	12:00 12:30	/	12:00 12:30	12:00 12:30	
	Outside Duty: From - To		1:50 3:30		/			
	Document exceptions or comments, indicate type and amount.		0.75 comp earned		SNO			
ler, Michael 61000 <i>[Signature]</i> Employee Signature	Day: In - Out		8:25 4:25	8:00 6:00	/	8:55 6:25	8:10 5:30	9:30 5:00
	Lunch: Out - In		1:40 2:10	1:40 2:10	/	2:45 3:15	10:40 12:35	2:20 2:50
	Outside Duty: From - To				/			
	Document exceptions or comments, indicate type and amount.			OT 2.0 ✓	SNO	OT 1.5 ✓		OT 7.0 ✓
dina, Nicole 61000 <i>[Signature]</i> Employee Signature	Day: In - Out		/	/	/	/	/	
	Lunch: Out - In		/	/	/	/	/	
	Outside Duty: From - To		/	/	/	/	/	
	Document exceptions or comments, indicate type and amount.		MUM ✓	MUM ✓	MUM ✓	MUM ✓	MUM ✓	
rien, Elisabeth 61000 <i>[Signature]</i> Employee Signature	Day: In - Out		7:30 4:30	7:30 2:30	/	7:40 2:40	7:35 2:35	
	Lunch: Out - In		11:30 12:00	11:30 12:00	/	11:30 12:00	11:30 12:00	
	Outside Duty: From - To				/			
	Document exceptions or comments, indicate type and amount.		VAC 0.5 ✓		SNO ✓			

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Employee Name:		Sunday 01/09/11	Monday 01/10/11	Tuesday 01/11/11	Wednesday 01/12/11	Thursday 01/13/11	Friday 01/14/11	Saturday 01/15/11
lips, Gloria 61000 Employee Signature: <i>[Signature]</i>	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			CMT 7.5 ✓	CMT 7.5 ✓	SNO ✓	CMT 7.5 ✓	CMT 7.5 ✓	
), Peter 61000 Employee Signature: <i>[Signature]</i>	Day: In - Out		6:45 5:15	6:45 6:45		6:45 5:45	6:55 6:00	6:45 5:45
	Lunch: Out - In		12 12:30	12 12:30		12 12:30	12 12:30	12:30 1:00
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			OT 2.5 ✓	OT 4.0 ✓	SNO ✓	OT 3.0 ✓	OT 3.0 ✓	OT 7.5 ✓
iczkowski, Daniel 61000 Employee Signature: <i>[Signature]</i>	Day: In - Out		6:45 2:45	6:45 2:45		6:45 2:45	6:45 2:45	
	Lunch: Out - In		12:00 12:30	12:00 12:30		12:00 12:30	12:00 12:30	
	Outside Duty: From - To			Shattuck 8:40 10:00				
Document exceptions or comments, indicate type and amount.					SNO ✓			
ague, Shirley 61000 Employee Signature: <i>[Signature]</i>	Day: In - Out		9:15 5:15	9:15 5:15		9:15 5:15	9:15 5:15	
	Lunch: Out - In		1:00 1:30	1:00 1:30		1:00 1:30	1:00 1:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.					SNO ✓			

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Time Log/Program / Area: 2048-- Boston Drug Lab

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Week Ending: January 15, 2011

Employee Name:		Sunday 01/09/11	Monday 01/10/11	Tuesday 01/11/11	Wednesday 01/12/11	Thursday 01/13/11	Friday 01/14/11	Saturday 01/15/11
an, Zhi	Day: In - Out		6:45 2:45	6:45 2:45	/	6:45 8:45	/	
161000	Lunch: Out - In		12:00 12:30	12:00 12:30	/	12:00 12:30	/	
Employee Signature	Outside Duty: From - To				/		/	
Document exceptions or comments, indicate type and amount.					SNO ✓		Sick 7.5 ✓	
an, Mai	Day: In - Out		8:30 2:30		/	9 3		
161000	Lunch: Out - In				/			
Employee Signature	Outside Duty: From - To				/			
Document exceptions or comments, indicate type and amount.					SNO ✓	0.75 hr VAC ✓		
ollie, Janice	Day: In - Out		8:45 4:45	8:45 4:45	/	8:15 4:15	8:15 4:15	
61000	Lunch: Out - In		1- 1:30	1:30 2-	/	1- 1:30	1- 1:30	
Employee Signature	Outside Duty: From - To				/			
Document exceptions or comments, indicate type and amount.					SNO ✓			
	Day: In - Out							
	Lunch: Out - In							
Employee Signature	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								

Director's Signature: _____

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2046- Fiscal Services

Week Ending: January 15, 2011

Employee Name:		Sunday 01/09/11	Monday 01/10/11	Tuesday 01/11/11	Wednesday 01/12/11	Thursday 01/13/11	Friday 01/14/11	Saturday 01/15/11
lempi, Charles	Day: In - Out		9:50 6:05	/	/	10:15 5:45	/	
61000	Lunch: Out - In		12:05 12:50	/	/	12:05 12:40	/	
<i>Charles Lempi</i>	Outside Duty: From - To			/	/		/	
Document exceptions or comments, indicate type and amount.				MOSRS 7.5	SNO	VAC 0.5	C.I.H 12/24	
inders, Della	Day: In - Out		/	/	/	6:45 2:45	6:45 6:45	6:45 2:45
61000	Lunch: Out - In		/	/	/	1:25 1:55	1:30 2:00	1:30 2:00
<i>Della Sanders</i>	Outside Duty: From - To		/	/	/			
Document exceptions or comments, indicate type and amount.			VAC 7.5	SIC 7.5	SNO		OT 4.0 hrs	OT 7.5 hrs
	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								
	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: January 10 - January 15, 2011

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog
of samples

Overtime is to be: ☒ paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 4516-1000

Approval:

Supervisor: C. Salem Date: 1/13/11

Department Head: _____ Date: _____

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Stacey Desjardins	342343	3.5	Dan Benkowski	297673	12.8
Annie Ducklow	275153	5.5	Zhi Tan	148724	7.5
Daniela Frasca	241373	5.0	Della Saunders	147387	11.5
Michael Lawler	170459	11.0			
Pete Pro	138624	20.0			